

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039027

STATE FILE NUMBER

Registration District No. **042**

Primary Registration District No. **1000**

Registrar's No. **1238**

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 28 1963

1. PLACE OF DEATH

a. COUNTY

Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Randolph**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Joseph**

Length of stay in 1b
1 Week

c. CITY
OR
TOWN **Moberly**

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **St. Joseph's Hospital**

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS (If outside, give location)
731 South 5th St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
Eula

Middle

Last
Parks

4. DATE
OF
DEATH Month Day Year
October 22, 1963

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

March 10, 1890

9. AGE (last birthday)

73

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Home

11. BIRTHPLACE (City and state or country)
Moberly, Missouri

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Emanuel Kirby

13b. MOTHER'S MAIDEN NAME

Hattie Laster

14. NAME OF HUSBAND OR WIFE

Harry Parks

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Orlando Kirby, 323 Beaver St., City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH
4 DAYS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **Oct 22, 1963** to **Oct 22, 1963** and last saw her alive on **Oct 22, 1963**
Death occurred at **8:50 p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
John H. Alexander M.D.

22b. ADDRESS
1302 FANAW

22c. DATE SIGNED
10-24-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE
Oct. 25, 1963

23c. NAME OF CEMETERY OR CREMATORY
Ashland Cemetery

23d. LOCATION (City, town, or county)
St. Joseph, Missouri

(State)

24. FUNERAL DIRECTOR
ADDRESS
Wm. H. Alexander, St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.
Oct. 24, 1963

26. REGISTRAR'S SIGNATURE
Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

L.H.P. Per M. Medical Certification

DATE AMENDED

VS 300
Rev. 4/59

15117
20887

3

4 3

5 9

6

7 0

8 2

9 331x

10

11

12 3-0

13 1-0

Permit issued 10-23-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.